JIM WELLS COUNTY FAIR COMMERICAL HEIFER DIVISION FAMILY VALIDATION FORM DATE &	TIME: 1st SATUL	RDAY of AUGUST (08/01), JIM WELLS COUNTY FAIRGRO	UNDS, 6:00 P.M. TO 8:00 P.M.		
INSTRUCTIONS: ONE FORM PER FAMILY COMPLETE SECTION 1FOR EACH EXHIBITOR IN PLEASE PRINT PRESENT THIS FORM TO VALIDATION OFFICIAI NOTE: This is not an entry card		ROCESSING			
		SECTION 1			
NAME(S) OF EXHIBITOR(S) List each exhibitor individually	DATE OF BIRTH	NAME OF 4-H CLUB OR FFA CHAPTER (Example: Alice FFA; Lone Star 4-H)		NAME OF SCHOOL (CAMPUS) ATTENDING 2020-2021 (Example: Alice High School; Salazar Elementary)	
EXHIBITOR 1.	1>	1>	1>	1>	
EXHIBITOR 2.	2>	2>	2>	2>	
EXHIBITOR 3.	3 >	3>	3>		3>
EXHIBITOR 4.	4>	4>	4>	4>	
EXHIBITOR 5.	5>	5>	5>		5>
XHIBITOR 6. 6>		6>	6>	6>	
EXHIBITOR'S COMPLETE MAILING ADDRESS		PHYSICAL ADDRESS (LOCATION WHERI	E ANIMAL(S) WILL BE KEPT)	EXHIBITOR'S PHONE NUMBE ()	ER .
				EMAIL:	
Street; P.O. Box; City; State; Z	ip Code	1			
NAME OF FATHER OR GUARDIAN		NAME OF MOTHER OR GUARDIAN			

SECTION 2

TO BE COMPLETED BY VALIDATION OFFICIALS

EAR TAG #/BRAND	DATE OF BIRTH	BREED	EAR TAG #/BRAND	DATE OF BIRTH	BREED	EAR TAG #/BRAND	DATE OF BIRTH	BREED